

Mental Health

weekly weekly weekly weekly weekly weekly

Essential information for decision-makers

Vol. 14, No. 48

REPRINT

Monday, December 20, 2004

Missouri achieves success with Medicaid pharmacy initiative

The Missouri Department of Mental Health announced this month that an innovative program to increase the quality of care that state residents with severe mental illnesses receive, while encouraging more efficient use of Medicaid dollars, has achieved both its goals.

The Missouri Mental Health Medicaid Pharmacy Partnership Program (MHMPP), which officials call the first program of its kind in the country, has saved the state \$7.7 million in costs the Medicaid program would have incurred in fiscal 2004 had the inefficient prescribing patterns not been identified, according to officials.

The success of the Missouri program has other states signing up with collaborating organizations Eli Lilly & Company and Comprehensive Neuroscience Inc. To date, fifteen states have signed contracts for similar programs.

The pharmacy partnership program developed by the Missouri Department of Mental Health (DMH) and the Missouri Department of Social Services, Division of Medical Services (DMS) evaluates Medicaid mental health prescribing practices. The program seeks to improve care for Missouri residents by educating doctors about evidence-based practices for mental health medications and reducing inefficient and ineffective prescribing practices.

The program has been cited by the Centers for Medicare and Medicaid Services (CMS) as a promising program and an innovative state effort to address cost and quality of care issues without restricting access

to specific medications.

The program is a collaboration with Indianapolis-based Eli Lilly & Company and Comprehensive Neuroscience, Inc. of White Plains, N.Y., a company that specializes in helping states improve Medicaid behavioral health pharmacy prescribing practices.

Missouri embarked on this effort last year to identify problem trends in Medicaid drug-prescribing habits in an effort to improve patient care while staving off restrictions in their drug formularies.

The program reviews the practices of Missouri physicians who prescribe behavioral health medications for their Medicaid patients and compares their prescribing patterns to a number of indicators that are based on national standards that define best practice. When deviations from best practices are identified, DMH follows up with identified physicians through letters, educational materials and calls from Missouri physicians trained in peer review processes.

Some of the inefficient prescribing patterns the program identifies include: duplicative prescribing of medication by different doctors for the same patient; prescribing multiple medications from the same therapeutic class; children on three or more psychotropic medications; and premature, rapid switching from one medication to another.

"The objective of the program is to improve the quality of the prescribing of medications for the treatment of psychiatric conditions," Joseph Parks, M.D., medical director of the state's Department of Mental

Health, told *MHW*.

Parks said the pharmacy partnership is the first of its kind in the country. Although Philadelphia had a similar program with one of its managed care contract plans, Missouri's program is the first to be implemented statewide for the entire Medicaid program, said Parks.

The program doesn't infringe on patients or on the physicians' decision-making authority, said Parks. The program identifies questionable practices, said Parks. Physicians are alerted, for example, about patients who may be taking three anti-psychotic medications at once for more than 60 days as well as patients taking more than one SSRI (Selective Serotonin Reuptake Inhibitor) or three or more antidepressants of any type, said Parks. Patients who may have not refilled their medication as expected are also identified, said Parks.

"Most studies show that 70 percent of hospital admissions for patients with schizophrenia are due to them [not] taking their medication," said Parks. In many cases, the physician may have stopped prescribing the medication, he said.

Letters, fliers and other educational materials are mailed to physicians that could be helpful to them and their patients, said Parks. Approximately 3,000 letters are mailed each month to physicians, said Parks. "We want them to carefully consider the risks [in their patients] taking more medication," said Parks. The program "is an educational detailing process to give more balance to the information doctors get."

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Missouri has conducted the program for 18 months, said Parks. "The \$7.7 million represents annual savings in the first year," said Parks. "If somebody who was getting two antipsychotic [drugs] is now getting one, that clearly costs less money." The program is not coercive, but rather educational, said Parks.

"The goal of the program is to increase the quality of utilization, decrease the cost of pharmaceuticals within the mental health arena without restricting access to needed medications," Craig Waugh, manager of the Business-to-Government division at Eli Lilly, told *MHW*.

The fact that the program is based on evidence-based practices and an educational approach versus a punitive one to prescribers is what makes the program unique, said Waugh.

"The program has had some great experience in the public sector," said Waugh. "The people running the program in Missouri know the system, know the consumers within the system and how best to operate the program." The program has been positive from a patient perspective and from a physician perspective, said Waugh.

Waugh said he hopes the success of this public sector program will spread to other states. By the end of this year, approximately 20 states will have signed on for the Mental Health Medicaid Pharmacy Partnership Program, said Waugh.

Promising results

According to the Missouri Department of Mental Health, an analysis from the program's first year shows:

- A 98 percent reduction in the number of patients who received the same mental health medications from multiple doctors;
- A 64 percent reduction in the number of patients who are on two or more mental health medications of the same type;
- A 43 percent reduction in the number of children on three or more psychotropic medications;
- A 40 percent reduction in the number of patients receiving an unusually high dosage of medication.

A study of the program by Parks and Richard Surles, Ph.D., senior vice president and director at Comprehensive NeuroScience, Inc. that appeared in last month's *Psychiatric Services* indicated that Missouri's fee-for-service Medicaid Pharmacy benefit covers more than a million Medicaid-eligible individuals.

According to the study, "Using Best Practices to Manage Psychiatric Medications Under Medicaid," of 4,400 prescribers who received letters addressing the concurrent prescription of at least two atypical antipsychotic medications within a 60-day period, 2,546 (60 percent) ceased this practice after the first six-month period, resulting in an average response time of 44 days.

The program preserves the autonomy of both physicians and patients by relying on feedback, education and persuasion rather than coercive restrictions. This approach upholds the premise that each individual clinical situation is unique and therefore pharmacy management interventions should aid physicians in making their own informed medication decisions rather than mandating them, according to the study.

According to the study, the results of the partnership so far show that this approach can change patterns of practice to conform to consensus standards of quality without mandating nonindividualized medication changes that can infringe on the autonomy and judgment of patients and physicians.

Psychiatrists affiliated with local universities serve as consultants to the program, said Parks. "We want to (create) a dialogue with practitioners," said Parks. "We're trying to make it a peer/collegial approach. We don't want it to be a one-way thing."

"Instead of different entities working unilaterally, we believe they should all work together to make sure patients have access to medications while improving costs and improving quality," said Parks. "Everybody's got to work together - the prescribers, doctors, patients, and entities like Medicaid, DMH, CMS and Eli Lilly."

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in July, the last Monday in November and the last Monday in December. **Mental Health Weekly** costs \$687 a year, accepts no advertising and is supported solely by its readers. Printed in USA.

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